

Maine Integrated Health Management Solution

# Enrollment Guide for Out-of-State Providers

Version 6.0



## Revision History

Version	Date	Author	Action/Summary of Changes	Status
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## 1. Introduction

This *Enrollment Guide for Out-of-State Providers* describes the enrollment process for Out-of-State providers in the MaineCare program. There are several types of Out-of-State providers, including:

- Qualified Medicare Beneficiary (QMB) providers bill only for co-insurance and/or deductible after Medicare.
- Emergency providers bill only for emergency services provided to a MaineCare member.
- Border providers are located within 15 miles (24 km) of the Maine-New Hampshire border.
- Special Agreement providers have a specified rate in the Reimbursement Section, Paragraph 16 or 17 of the Provider Agreement.
- Out-of-State Agreement providers, have been asked to enroll in order to provide specialized services to one or more MaineCare members. Out-of-state providers may be located in any of the 49 states other than Maine. This includes the District of Columbia, and within the following U.S. Territories and Possessions: American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the Virgin Islands.

MaineCare providers enroll in Maine Integrated Health Management Solution (MIHMS) based on the organization types described below:

- An individual provider is a provider that owns and operates his or her own practice or otherwise provides healthcare services under his or her Social Security Number (SSN) and a Type 1 Individual National Provider Identification (NPI). An individual provider may associate to other entities as a rendering provider. An individual provider employed by an organization will be re-enrolled by that organization as a rendering provider when required by MaineCare policy.

**NOTE:** An incorporated individual provider must obtain a Type 2 Organizational NPI in addition to a Type 1 Individual NPI. An incorporated individual provider is considered to be a provider group for this enrollment and must enroll as a group, using both NPIs.

- A provider group is a collective group of individual practitioners providing healthcare services. There are two types of provider groups, including:
  - A provider group that operates under a tax identification number (a Federal Employer Identification Number [FEIN] or a SSN) and a Type 2 Organizational NPI. This includes incorporated individual providers.
  - A sole proprietorship that operates as a group under the SSN of the sole proprietor. The individual practitioners associated to provider groups are affiliated as rendering providers with a Type 1 Individual NPI.

**NOTE:** An incorporated individual provider is considered to be a provider group for this enrollment and should follow the checklist for groups. An incorporated individual provider must obtain a Type 2 Organizational NPI in addition to a Type 1 Individual NPI.

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- A facility/agency/organization (FAO) provider is an entity that provides health care services. FAO providers include hospitals, home health agencies, mental health clinics, nursing facilities, laboratories, group homes, residential facilities, and so on. These providers can operate either under a Type 1 Individual NPI as a sole proprietorship or under a Type 2 Organization NPI. FAO providers also include atypical providers (fiscal employer agent and transportation services). Although some atypical providers have obtained NPIs, it is not a requirement for enrollment. For atypical providers that have not obtained an NPI, an Atypical Provider Identification number (API) will be assigned when their application is entered into the MIHMS Health PAS Online Portal (online portal).  
An FAO might or might not have rendering providers associated to them, depending on the type of services provided, as defined in MaineCare policy. The individual practitioners are associated to the FAO provider as rendering providers with a Type 1 Individual NPI.

**Table 1** below may assist in determining whether to enroll via the Out-of-State or the In-State enrollment process:

**Table 1: Determining Enrollment method**

	IN-STATE PAY-TO	OUT-OF-STATE PAY-TO
IN-STATE SERVICE LOCATIONS	<i>Join MaineCare via In-State Enrollment process</i>	<i>Join MaineCare via In-State Enrollment process</i>
IN-STATE EQUIVALENT SERVICE LOCATIONS (Physically located in New Hampshire within 15 miles of the Maine border)	<i>Join MaineCare via Out-of-State Enrollment process</i> <i>Additional window for Border State status determination</i>	<i>Join MaineCare via Out-of-State Enrollment process</i> <i>Additional window for Border State status determination</i>
OUT-OF-STATE SERVICE LOCATIONS	<i>Join MaineCare via Out-of-State Enrollment process</i>	<i>Join MaineCare via Out-of-State Enrollment process</i>
Mix of BOTH IN-STATE and OUT-OF-STATE SERVICE LOCATIONS	<i>Join MaineCare via In-State Enrollment process for all Maine Service locations</i>  <b>AND</b> <i>Join MaineCare via Out-of-State Enrollment process for any or all of your non-Maine Service locations as needed (requires a sub-part NPI)</i>	<i>Join MaineCare via In-State Enrollment process for all Maine Service locations</i>  <b>AND</b> <i>Join MaineCare via Out-of-State Enrollment process for any or all of your non-Maine Service locations as needed (requires a sub-part NPI)</i>

The above table is for Medicaid providers only; non-Medicaid providers follow a separate process.

If the user is not enrolling an Out-of-State provider, refer to the appropriate document:

- [Enrollment Guide for In-State Individual Providers](#)
- [Enrollment Guide for In-State Provider Groups](#)
- [Enrollment Guide for In-State Facilities, Agencies, and Organizations](#)
- [Enrollment Guide for Non-Medicaid Providers](#)



These documents *can be found in the Provider Enrollment link under Provider Documents shown on the left menu of the Provider tab on the online portal.*

*In the following section contains a list of the information that should be on hand before starting the enrollment process as well as a detailed description of how to complete each of the enrollment steps.*

## **2. Information Needed**

Before beginning the enrollment process, gather all of the information necessary to enter during each step. When enrolling an Out-of-State provider, it will be useful to have the following information, forms, and other documents on hand:

- For the Pay-To provider:
  - NPI
  - Tax ID—FEIN and/or SSN
  - Name, title, and email address of the office contact person
  - Phone numbers—primary (required), secondary, emergency, mobile, and fax
  - A copy of the provider's W-9 form
- For owners and/or board members:
  - The name, FEIN or SSN, tenure dates, and address information for all owners and/or board members
  - Information regarding sanctions, exclusions, or convictions of owners and/or board members
  - Information regarding owners' and/or board members' participation in other organizations that bill Medicaid for services
  - The relationships among owners and/or board members
  - Information regarding the provider, owners, and employees with respect to certain legal situations
- For service locations:
  - The physical and mailing addresses of the provider's service location(s)
  - The current Medicaid IDs assigned to the provider's service location(s)
  - A list of any languages spoken by the provider and his or her staff, in addition to English
  - General information about each service location, such as accessibility, office hours, whether the service location is accepting new patients, and the age range and gender restriction for patients
  - The provider type/specialty pairs that represent the provider's practice, as well as all licensing and certification documents for those provider type/specialty pairs
  - Information about the individual facilities, including whether the facility has a geropsychiatric unit or a distinct part unit, the groups of people that the facility services (i.e., children, adults, etc.), fiscal year end date, and the number and types of beds in the facility
  - Information about participation in MaineCare programs, including specifics for the Primary Care Case Management (PCCM) program, if applicable
  - Providers designated as Speech/Hearing Therapist Groups and certain Schools will need the actual hire dates for any qualified audiologists and qualified speech language professionals they employ at each service location in order to get the highest reimbursement
- For rendering providers (as applicable):
  - Each rendering provider's NPI, name, address, gender, phone number, and fax number
  - The provider type/specialty pairs that represent the provider's practice, as well as all licensing and certification documents for those provider type/specialty pairs

- Information about participation in the Primary Care Case Management program, if applicable
  - A list of the service locations to which the provider is affiliated
- For financial electronic funds transfer (EFT) information:
  - Provider's account number with financial institution and the type of account
  - Name on the account
  - Financial institution routing number
  - Financial institution name, address, city, state, zip code and telephone number
  - Vendor/provider email address for EFT information

### 3. System Requirements

To successfully use all provider enrollment features of the online portal, ensure that the computer system used meets the following minimum requirements:

- Reliable online connection
- Web browser—the latest version of Microsoft Internet Explorer is recommended. As new versions of Internet Explorer become available it is recommended that these versions are used.
- The latest version of Adobe Acrobat Reader

### 4. About the User Interface

#### 4.1 Change the Text Size

Every window of the provider enrollment application allows the user to customize the size of the displayed text.



**Figure 4-1: Text Size Buttons in Title Bar**

Initially, the text is shown in its smallest available size and only the Increase Text Size button appears in the title bar. If the user clicks the Increase Text Size button, the text size increases and the Decrease Text Size button appears.

Adjust the text size to suit as needed. The selection endures until it is changed again.

#### 4.2 Use the Navigation Features

Every window of the enrollment application has a set of standard navigation features, including:

- **The left menu.** Shown on the left side of each page, the left menu provides a list of all the enrollment steps displaying progress through each step.

***NOTE:** Although the menu items are clickable, it is recommended not to skip from one step to another during the initial completion of the enrollment application.*

- **The standard buttons.** Located below the fields on each enrollment application window are a set of buttons that enable the performance of certain actions. The available actions depend on the purpose of the window. However, most windows include the Next, Previous, and Save and Close buttons, which allow navigation to the next window, go back to the previous window, or save the application in its incomplete state, respectively.

The locations of these features are shown in **Figure 4-2** below:

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Maine Provider Enrollment

Pay-To Provider ID: NPI - [redacted] Enrollment Case #: [redacted] Status: NEW

**Business Questions**

1. Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX or XX? \* Yes ☐ No ☐
2. Are there any directors, officers, agents or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX or XX? \* Yes ☐ No ☐
3. Are there any individuals currently employed by the institution, agency or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's, organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only) \* Yes ☐ No ☐
4. Has there been a change in ownership or control within the last year? \* Yes ☐ No ☐
5. Do you anticipate any change of ownership or control within the year? \* Yes ☐ No ☐
6. Do you anticipate filing for bankruptcy within the year? \* Yes ☐ No ☐
7. Is this facility operated by a management company, or leased in whole or part by another organization? \* Yes ☐ No ☐
8. Has there been a change in Administrator, Director of Nursing, or Medical Director within the last year? \* Yes ☐ No ☐
9. Is this facility chain affiliated?  
Was the facility ever affiliated with a chain? \* Yes ☐ No ☐
10. Have you increased your bed capacity by 10 percent or more or by 10 beds, whichever is greater, within the last 2 years? \* Yes ☐ No ☐

Next Previous Save and Close

**Figure 4-2: Locations of the Left Menu & Standard Buttons**

Notice that there are header fields, which will appear on every provider enrollment window.

Maine Provider Enrollment

Pay-To Provider ID: NPI - [redacted] Enrollment Case #: [redacted] Status: NEW

**Figure 4-3: Header Fields**

The header fields appear in **Figure 4-3** above:

- The top line shows the window name and an indicator of how the provider enumerated their NPI.
- The second line shows the Pay-to provider ID, the enrollment case number, and the enrollment application status.

Additional information, such as service location name or rendering provider name, can appear in the header fields, depending on the window being viewing. The header field content is appropriate to the context of the window.

## **5. Reference Materials**

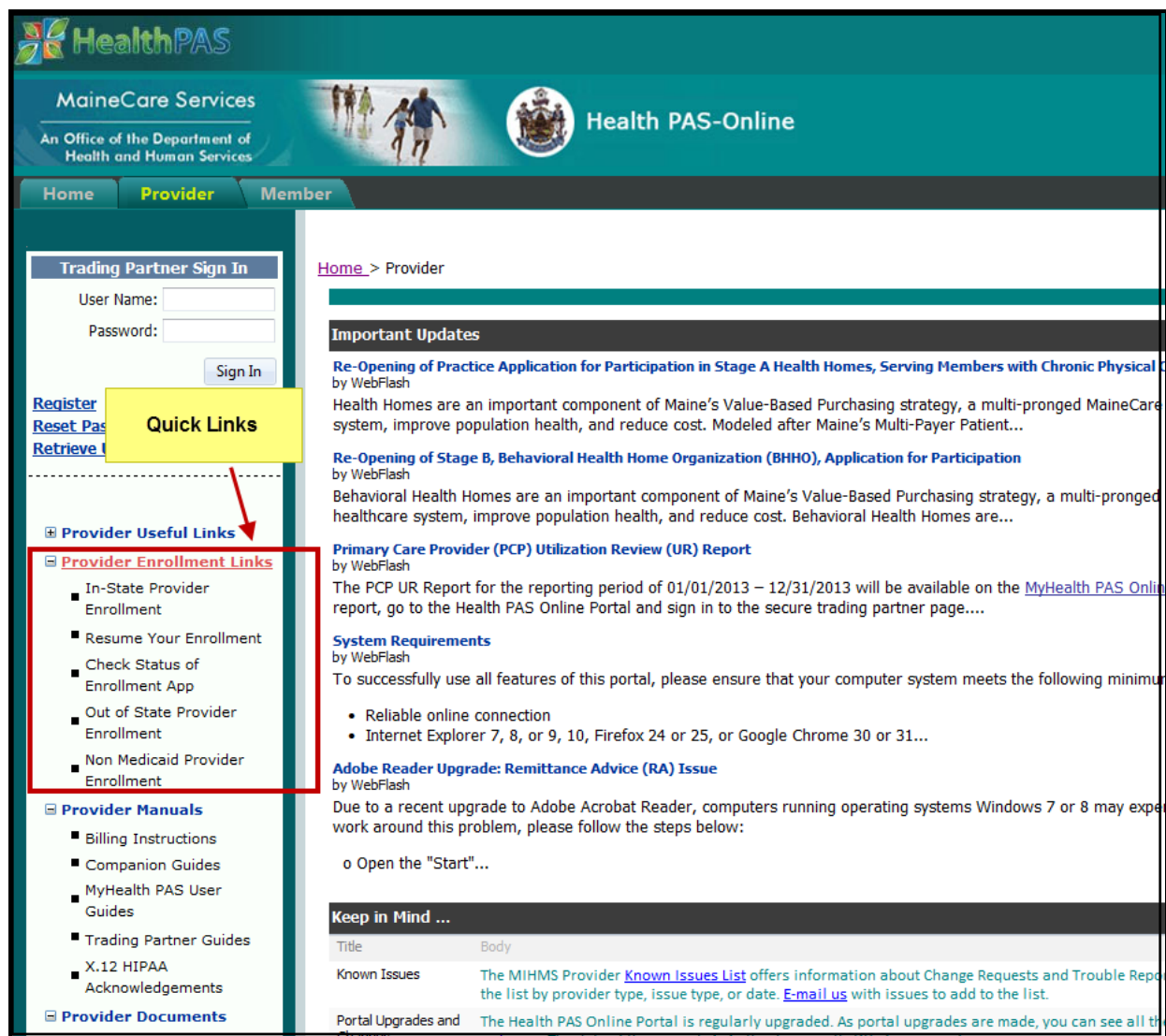
There are three reference guides available to assist in enrollment. These are located on the Provider tab of the online portal, under Provider Documents, Provider Enrollment, under the Special Tools folder.

The Reference Guides for enrollment are:

- [Reference Guide for Valid Provider Type-Specialty Pairs](#)
- [Reference Guide for Allowed Services by Provider Types](#)
- [Reference Guide for Standard Abbreviations and Postal Information](#)

## 6. Choose the Correct Provider Enrollment Link

On the online portal Provider tab, there is access to a series of quick links. The links, which are located on the left side of the main online portal page, are shown in **Figure 6-1** below:



**Figure 6-1: Quick Links on the Provider Tab**

To begin an Out-of-State enrollment select the Provider tab. Under the Provider Enrollment Links, choose Out of State Provider Enrollment. After selecting the link, the Start Re-Enrollment window is displayed. Continue to the next section.

## 7. Complete the Questionnaire

To determine the type of Out-of-State provider being enrolled, a brief questionnaire must be completed. The questions appear in the following order. Use this list for guidance when completing the questions.

1. Are you enrolling in MaineCare to bill only for coinsurance and/or deductible?
  - a. Choose either Yes or No.

- b. Choose Yes if enrolling only to bill coinsurance and/or deductible after Medicare. The online portal next displays the Start Re-Enrollment window.
- c. If choosing No, the online portal displays the next question.

The screenshot shows a web browser window titled "Maine Provider Enrollment". In the top right corner, there is a button labeled "Decrease Text Size". On the left side, there is a sidebar with a "Pay-To Provider(s)" section. The main content area is titled "Re-enroll Out Of State Pay-To Provider". It contains the question: "Are you enrolling in MaineCare to bill only for coinsurance and/or deductible?". Below the question are two radio buttons: "Yes" (with a red asterisk) and "No".

**Figure 7-1: Questionnaire Example - Coinsurance & Deductible**

2. Are you enrolling in MaineCare in order to bill only for emergency services provided to one of our members?
  - a. Choose either Yes or No.
  - b. If choosing Yes, the online portal displays the following question:  
"What is the date of service for this emergency occurrence? Please enter the date in the format MM/DD/YYYY, for example 05/05/2008."
  - c. Specify a date of service, and then click the **Continue** button. The online portal displays the Start Re-Enrollment window. Once approved, the ability to bill for emergency services is retained for a period of one calendar year.
  - d. If choosing No, the online portal displays the next question.
3. Are you within 15 miles of the Maine/NH border?
  - a. Choose either Yes or No.
  - b. If choosing Yes, the online portal displays the following question:  
"Do you have an existing Provider Agreement which contains a specified rate in the Reimbursement Section, either Paragraph 16 or 17?"
    - i. Choose either Yes or No. The online portal displays the Start Re-Enrollment window.
  - c. If choosing No, the online portal displays the next question.

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The screenshot displays the 'Maine Provider Enrollment' web portal. At the top, there is a blue header bar with the text 'Maine Provider Enrollment' on the left and a 'Decrease Text Size' button on the right. Below the header, the main content area is titled 'Re-enroll Out Of State Pay-To Provider'. On the left side of this area, there is a vertical sidebar with a 'Pay-To Provider(s)' button and a list of dots. The main content area contains a question: 'Are you within 15 miles of the Maine/NH border?'. To the right of the question, there are two radio buttons: one labeled '\* Yes' and one labeled 'No'.

**Figure 7-2: Questionnaire Example - Border State**

4. Do you have an existing Provider Agreement which contains a specified rate in the Reimbursement Section, either Paragraph 16 or 17?
  - a. Choose either Yes or No.
  - b. If choosing Yes, the online portal displays the Start Re-Enrollment window.
  - c. If choosing No, the online portal displays the next question.
5. Have you been asked to enroll in MaineCare in order to provide specialized services to one or more of our members?
  - a. Choose either Yes or No.
  - b. If choosing Yes, the online portal displays the Start Re-Enrollment window.
  - c. If choosing No, the online portal directs the user to call provider enrollment at MaineCare (1-866-690-5585) option 1.

## 8. Provide Enumeration Information

The first Provider Enrollment window is the Start Re-Enrollment window, as shown in **Figure 8-1** below:

The screenshot shows a web application window titled "Maine Provider Enrollment". On the left is a sidebar with a "Pay-To Provider(s)" section. The main content area is titled "Re-enroll Pay-To Provider". It contains a welcome message, instructions to review user guides, and contact information for assistance. Below this are several required fields marked with a red asterisk: "Enumerated with NPI Registry as" with a dropdown menu showing "Please Select an Enumeration Type"; "Pay-To-NPI or Atypical Provider ID" with a text input field; "Tax ID Type" with a dropdown menu showing "Please Select a Tax ID Type"; and "FEIN" and "Retype FEIN" with text input fields. A "Start Re-enrollment" button is located below the FEIN fields. A "Cancel" button is in the bottom right corner. An "Increase Text Size" button is in the top right corner.

**Figure 8-1: Start Re-Enrollment**

On this window, specify how the provider has enumerated under the Centers for Medicare and Medicaid Services (CMS) NPI Registry rules. Required fields are indicated by a red asterisk. Follow these steps:

1. Choose the NPI type that is registered with National Plan and Provider Enrollment System (NPPES) in the dropdown labeled Enumerated with NPI Registry As. If not required to obtain an NPI, choose Atypical. This is required information.
2. If not an atypical provider, supply the NPI in the Pay-To-NPI field. This is a required field.
3. If enrolling an atypical provider, the NPI field will not be available. Continue with the next step.
4. In the Tax ID Type dropdown, indicate which Tax ID type is registered with the IRS on the Form 1099 for this provider entity, either FEIN or SSN.
5. After making a selection in this dropdown, the fields below will be labeled to reflect the Tax ID type selected.
6. In the FEIN/SSN field, specify the provider's FEIN or SSN as appropriate. Repeat the identical number in the Retype FEIN/SSN field.

Verify that the information on this window is correct, and make any necessary modifications. Do one of the following:

- To submit the information entered on the window and continue to the next enrollment step, click the Start Re-Enrollment button to go on to the next window. Continue with the next section.
- To cancel all changes made on the window and return to the online portal home page, click the Cancel button.



## 9. Complete the Pay-To Provider Segment

### 9.1 Verify Enumeration Information and Provide Business Contact Information

The initial Business Information window displays the enumeration information contained in the CMS NPI Registry for the NPI supplied on the Start Re-Enrollment window and enables the user to specify contact information. An example of this window appears in **Figure 9-1** below.

The screenshot shows a web form titled "Business Information ( Enumerated As: Type 1 - NPI Individual)". Below the title bar, there are three fields: "Pay-To Provider ID: NPI -", "Enrollment Case #:", and "Status: NEW".

The main content area is divided into several sections:

- Tax ID Type**: A text box contains the message "Your FEIN is displayed but cannot be changed. You may add your SSN to this application if you wish." To the right are input fields for "FEIN", "SSN", and "Retype SSN".
- Name**: A text box contains the message "The name shown was either extracted from our records or the CMS NPI Registry. This name must match the name on your W-9." To the right is a checkbox with the text "Please check this button if you need to modify the CMS-supplied name shown in the fields below. The changes made on this screen only affect MaineCare data. In order to change or correct the provider's name in the NPI Registry, you must contact CMS." Below this are input fields for "First Name" and "Last Name".
- Office Contact**: A section with input fields for "Contact Name", "Title", "Email", and "Retype Email". A note below these fields states: "An email will be sent to this address containing your Enrollment Case Number. You will be asked for this case number as a security check, when updating or modifying your Enrollment Application."
- Pay-To**: A section with input fields for "Primary Phone", "Secondary Phone", "Emergency Phone", "Mobile Phone", and "Fax". At the bottom is a dropdown menu for "Pay-To Gender" with the text "Please Select Pay-To Gender".

**Figure 9-1: Business Information**

Notice that the following fields are displayed below the header bar:

- Pay-To Provider ID field, which shows the NPI provided on the Start Re-Enrollment window.

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- The Enrollment Case # field, which shows the application's case number. The user will need this number later to perform such actions as continuing or modifying the enrollment application.
- The Status field, which provides the indicator of the application's status. Because entering application information for the first time, this field displays NEW.

To complete this window, follow these steps:

1. In the Tax ID Type section, the user will see the Tax ID provided on the Start Re-Enrollment window. If the provider also has the Tax ID that was not entered on the Start Re-Enrollment window, enter it in the two fields here. The numbers in these two fields must be identical.
2. In the Name section, supply the name of the Organization enrolling as it appears on the W-9 on the line labeled "Name (as shown on income tax return)." Refer to the preprinted labels from the IRS on documents such as income tax returns, payroll deposit coupons, or similar filings to verify the name and TIN that the IRS has on file for the entity. If the name shown there does not match the W-9, choose the checkbox that allows editing of the organization name, see **Figure 9-1** above, and update it there.

**NOTE:** Any changes made to the name information on this window affects only the provider's enrollment application. To make changes in the NPI record, contact CMS and follow their procedures.

3. If the NPI and name information are both correct, continue with the next step.
4. In the Office Contact section, provide contact information for the provider.
  - a. In the Office Name field, type the contact person's name. This is a required field.
  - b. In the Title field, specify the contact person's title. Examples of titles include Office Manager, Administrative Assistant, and M.D. If unsure of what title to use, check with the contact person or the provider.
  - c. In the Email field, type the contact person's business (or work) email address. The email address should be in the format *userid@domain.com*. This is a required field.

**NOTE:** An email containing the Enrollment Case Number will be sent to this address. If the email does not arrive in the Inbox, please check junk mail or SPAM folder.

- d. In the Retype Email field, retype the email address entered in the previous field.
5. In the Pay-To section, provide phone numbers and gender information.
  - a. In the Primary Phone, Secondary Phone, Emergency Phone, Mobile Phone, and Fax fields, any numbers associated with the NPI number are populated automatically. Of these fields, only the Primary Phone field is required.

**NOTE:** The numbers displayed in these fields can be modified, but changes will affect only the provider's enrollment application. To make changes in the NPI record, contact CMS and follow their procedures.

6. If enrolling an individual provider, indicate the provider's gender in the Pay-To Gender field. Choices are Male, Female, or None. (Select "none" if the provider prefers not to specify.) This is a required field.

If not enrolling an individual provider, this field will not be available. Continue to the next step.

Do one of the following:

- To save progress and continue, click the Next button. Continue with the next section.
- To save progress and continue with the enrollment process later, click the Save and Close button.
- To cancel all changes made on the window and return to the online portal home page, click the Delete button.

## 9.2 Indicate Pay-To/W-9 Address, Type of Entity, and Exempt Payee Status

On the Address Information window, specify the Pay-To/W-9 address and the type of business entity. The Address Information window is shown in **Figure 9-2** below:

Address Information Enumerated As: Type 1 - NPI Individual

Pay-To Provider ID: NPI - Enrollment Case #: Status: NEW

**Pay-To / W-9 Information**  
(Must match W-9 form)

Pay-To / W-9 Name \*

W-9 Business Name

Address 1 \*

Address 2

ZIP/Postal Code \*

City \*

County \*

State/Province \*

Country \*

Type of Tax Entity \*

Exempt Payee? ☐ Yes ☒ No

**Figure 9-2: Address Information**

Follow these steps to specify the Pay-To/W-9 address and other information.

**NOTE:** Specify the same information that appears on the provider's W-9 form.

1. In the Pay-To/W-9 Information fields, provide the name and address information that appears on the provider's W-9 form.
  - a. In the Pay-To W-9 Name field, type the provider's legal name. This is a required field.
  - b. In the W-9 Business Name field, type the business name, if it differs from the provider's name. Follow the specific instructions that appear on page 2 of the W-9 form and apply the same rules here.
  - c. In the Address 1 field, type the first line of the Pay-To/W-9 address. This is a required field.
  - d. In the Address 2 field, type the second line of the address, if applicable. Do not enter city and/or state on this line.
  - e. In the ZIP/Postal Code field, type the ZIP or postal code for this address. This is a required field.
  - f. Click or tab to the City field. The field displays a single city name for that Zip Code. If city name is not the name that is actually displayed, click on the drop-down arrow on the right side of the city field to show any additional towns/cities listed for that zip code and select the appropriate one.
  - g. Ensure that the City field displays the correct city for the address. If the correct city is not available in the list, ensure that the correct ZIP or postal code has been entered in the previous field. If correct city still does not appear to be available, contact Provider Enrollment.
  - h. After choosing the City, County, State/Province, and Country fields are automatically populated. Verify that these fields contain the correct information.

2. In the Type of Tax Entity field, choose the type of business entity noted on the provider's W-9 form. This is a required field. If choosing the Other option, also provide an explanation in the field that appears.
3. In the Exempt Payee field, indicate whether the provider is exempt from backup withholding. This is a required field.
4. In general, this does not apply to individuals (including sole proprietors). Corporations are exempt from backup withholding for certain types of payments (for example, interest and dividends).
5. Refer to the W-9 form instructions (available from the Internal Revenue Service or from <http://www.irs.gov> for additional information.

Do one of the following:

- To save progress and continue, click the Next button. Proceed with the next section.
- To save progress and return to the previous step, click the Previous button. Return to the previous section.
- To save progress and continue with the enrollment process later, click the Save and Close button.

### **9.3 Identify Owners or Board Members**

Federal Medicaid regulation 42 CFR §455.104 requires providers to disclose ownership information. In the next three windows, provide demographic and legal information for all owners or board members with five percent (5%) or greater shareholding in the organization.

The first step in disclosing ownership or board information is to simply provide a list of the owners or board members. On the Ownership Information window, shown in **Figure 9-2** below, enter the owners' or board members' names and addresses.

**NOTE:** *It is required to provide information about at least one owner.*

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Ownership Information			Enumerated As: Type 1 - NPI Individual)														
y-To Provider ID: NPI -		Enrollment Case #:		Status: NEW													
<p><b>Ownership Information</b></p> <p>In accordance with Form CMS1513 - Ownership and Control Interest Statement, list the names of all individuals and organizations having direct or indirect ownership interest, or controlling interest separately or in combination amounting to an ownership interest of 5 percent or more in the disclosing entity.</p> <p>At least one Owner/Board member record is required.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr style="background-color: #e1f5fe;"> <th style="width: 25%;">First Name</th> <th style="width: 25%;">Last Name</th> <th style="width: 50%;">Address</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <div style="margin-bottom: 10px;"> Type * <input checked="" type="radio"/> Owner   <input type="radio"/> Board Member </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> First Name * <input type="text"/> </div> <div style="width: 45%;"> Last Name * <input type="text"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> FEIN / SSN <input type="text"/> </div> <div style="width: 45%;"> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Begin Date (MM/DD/YYYY) * <input type="text"/> </div> <div style="width: 45%;"> Term Date (MM/DD/YYYY) <input type="text"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Address 1 * <input type="text"/> </div> <div style="width: 45%;"> Address 2 <input type="text"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> ZIP/Postal Code * <input type="text"/> </div> <div style="width: 45%;"> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> City * <input type="text"/> Enter a valid ZIP/Postal Code ▼ </div> <div style="width: 45%;"> County * <input type="text"/> Enter a valid ZIP/Postal Code ▼ </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> State Or Province * <input type="text"/> Enter a valid ZIP/Postal Code ▼ </div> <div style="width: 45%;"> Country * <input type="text"/> Enter a valid ZIP/Postal Code ▼ </div> </div> <div style="margin-top: 10px;"> Has this person ever been sanctioned, excluded or convicted of a criminal offense related to Medicare, Medicaid, or any federal agency or program (42 CFR 455.106)? </div> <div style="display: flex; justify-content: flex-end; margin-top: 10px;"> <input checked="" type="radio"/> Yes   <input type="radio"/> No </div> <div style="text-align: right; margin-top: 10px;"> <input type="button" value="Add Owner/Board Member"/>   <input type="button" value="Cancel Add"/> </div>						First Name	Last Name	Address									
First Name	Last Name	Address															

**Figure 9-3: Ownership/Board**

To create the list of owners or board members, follow these steps:

1. In the Type field below the Owner/Board Member table, indicate whether the person is an owner or a board member. This is a required field
2. Type the first and last names of the owner or board member in the First Name and Last Name fields, respectively. These are required fields.
3. If the owner is an organization, specify that organization's FEIN in the FEIN / SSN field. This field is required only if the owner is an organization.
4. In the Begin Date and Term Date fields, indicate the dates of the owner's or board member's tenure. (Ensure to enter these dates in the format MM/DD/YYYY.)
5. Complete the address fields.
  - a. In the Address 1 field, type the first line of the owner or board member's street address. This is a required field.
  - b. If applicable, type the second line of the street address in the Address 2 field. Do not enter the city and/or state in this field.
  - c. In the ZIP/Postal Code field, type the ZIP or postal code for this address. This is a required field.
  - d. Click or tab to the City field. The field displays a single city name for that Zip Code. If city name is not the name that is actually displayed, click on the drop-down arrow on the right side of the city field to show any additional towns/cities listed for that zip code and select the appropriate one.
  - e. Ensure that the City field displays the correct city for the address. If the correct city is not available in the list, ensure that the correct ZIP or postal code have been entered in the previous field. If the correct city still does not appear to be available, contact Provider Enrollment.

- f. After choosing the city, the County, State Or Province, and Country fields are automatically populated. Verify that these fields contain the correct information.
6. Indicate whether the owner or board member identified has ever been sanctioned, excluded, or convicted of a criminal offense related to Medicare, Medicaid, or any federal agency or program, as specified in Federal Medicaid regulation 42 CFR §455.106. Choose either Yes or No.

Do one of the following:

- To add the current owner or board member and add another owner or board member, click the Add Owner/Board Member button. Return to step 1.
- To add the current owner or board member and continue to the next step, click the Add Owner/Board Member button, and then click the Next button. Proceed with the next section.
- To edit supporting information already supplied for one or more owners or board members, select the name in the Owner/Board Members table. The online portal automatically displays the supporting fields, containing the information supplied previously. Edit the supporting information as necessary, and then click Save Owner/Board Member to save changes. Repeat step 7.
- To discard the changes, click the Cancel Edit button. Repeat step 7.
- To remove an owner or board member from the list, select the person in the Owner/Board Members table. Click the Delete button. The online portal removes the owner or board member from the list. Repeat step 7.
- To save progress and return to the previous step, click the Previous button. Return to the previous section.
- To save progress and continue with the enrollment process later, click the Save and Close button.

## **9.4 Define Owner Relationships**

After identifying all owners and/or board members, the next step is to define relationships among those owners as well as the owners' and/or board members' relationships to other organizations that bill Medicaid for services. An example of the Owner Relationships window appears in **Figure 9-4** below.

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The screenshot shows a web application interface for provider enrollment. At the top, a header bar contains the text "Owner Relationships" and "Enumerated As: Type 1 - NPI Individual". Below this, a sub-header shows "Pay-To Provider ID: NPI -", "Enrollment Case #:", and "Status: NEW".

The main content area is divided into two panes. The top pane is titled "Relationships" and contains the question: "Are any Owners / Board Members of this entity related to any other Owners / Board Members of this entity?". There are radio buttons for "Yes" and "No". Below the question is a table with three columns: "Owner 1", "Relationship", and "Owner 2". The table has three empty rows. Below the table are three dropdown menus labeled "Owner 1", "Relationship", and "Owner 2", each with a "Choose a valid Owner" or "Choose a valid Relationship" prompt. At the bottom of the pane are "Add Relationship" and "Cancel Add" buttons.

The bottom pane is titled "Other Ownership or Control Interest" and contains the question: "Does any owner or board member have ownership or control interest in other organizations that bill Medicaid for services? If so, please specify.". There are radio buttons for "Yes" and "No". Below the question is a table with three columns: "Organization or Legal Business Name", "NPI / Medicaid ID", and "Address". The table has three empty rows. Below the table are several input fields: "Business Name", "NPI / Medicaid ID", "FEIN / SSN", "Address 1", "Address 2", "ZIP/Postal Code", "City", "County", "State Or Province", and "Country". Each field has a "Choose a valid ZIP/Postal Code" or "Enter a valid ZIP/Postal Code" prompt. At the bottom of the pane are "Add Interest" and "Cancel Add" buttons.

**Figure 9-4: Owner Relationships**

Notice that there are two panes on this window, and each pane contains an initial question that must be answered. In either pane, if the response is Yes, complete the remaining fields in the pane.

To complete the Relationships pane, follow these steps:

1. Indicate whether any owners or board members are related as spouses, siblings, or parents and children. Do one of the following:
  - a. If there are related owners or board members, choose Yes and continue with step 2.
  - b. If there are no related owners or board members, choose No and skip to the instructions for the Other Ownership or Control Interest pane.
2. Indicate which owners are related to one another by choosing their names from the Owner 1 and Owner 2 lists and select the type of relationship from the Relationship list.
3. Click the Add Relationship button to save the relationship data and add a summary to the table in this pane.
4. Repeat steps 2 and 3 until all relationships are defined. If there are no more relationships to define, continue with the instructions for the Other Ownership or Control Interest pane.

In the Other Ownership or Control Interest pane, the user is asked to identify any other organization that bills Medicaid for services to which an owner or board member has ownership or controls interest. Follow these steps:

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1. Indicate whether any owners or board members have ownership or control interest in other organizations that bill Medicaid for services. Do one of the following:
  - a. If this situation applies, choose Yes and continue with step 2.
  - b. If this situation does not apply, choose No and continue with step 7.
2. In the Business Name field, type the name of the organization that the owner or board member owns or in which they have a controlling interest. This is a required field.
3. In the NPI / Medicaid ID field, specify the NPI associated with the organization. This is a required field.
4. In the FEIN / SSN field, specify the Tax ID associated with the organization. This is a required field.
5. Complete the address fields. Unless otherwise noted, all fields are required.
  - a. In the Address 1 field, type the first line of the organization's street address.
  - b. If applicable, type the second line of the address in the Address 2 field. Do not enter city and/or state in this field.
  - c. In the ZIP/Postal Code field, type the ZIP or postal code for this address.
  - d. Click or tab to the City field. The field displays a single city name for that Zip Code. If city name is not the name that is actually displayed, click on the drop-down arrow on the right side of the city field to show any additional towns/cities listed for that zip code and select the appropriate one.
  - e. Ensure that the City field displays the correct city for the address. If the correct city is not available in the list, ensure that the correct ZIP or postal code has been entered. If the correct city still does not appear to be available, contact Provider Enrollment.
  - f. After choosing the City, County, State or Province, and Country fields are automatically populated. Verify that these fields contain the correct information.

Do one of the following:

- To add this organization, click the Add Interest button. A summary of the organization's information appears in the table.
- To cancel the addition of this organization, click the Cancel Add button.

Do one of the following:

- If an interest has been added and another interest needs to be added, return to step 1.
- To save progress and continue, click the Next button. Proceed with the next section.
- To save progress and return to the previous window, click the Previous button. Return to the previous section.
- To save progress and continue the enrollment process later, click the Save and Close button.



## 9.5 Respond to Business Questions

After completing the Owner Relationships window, please respond to a set of business questions. An example of the Owner Business Questions window is shown in **Figure 9-5** below:

Enrollment

Increase Text Size

Owner Business Questions Enumerated As: Type 1 - NPI Individual)

Pay-To Provider ID: NPI - [redacted] Enrollment Case #: [redacted] Status: NEW

**Business Questions**

1. Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX or XX? \* Yes No

2. Are there any directors, officers, agents or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX or XX? \* Yes No

3. Are there any individuals currently employed by the institution, agency or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's, organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only) \* Yes No

4. Has there been a change in ownership or control within the last year? \* Yes No

5. Do you anticipate any change of ownership or control within the year? \* Yes No

6. Do you anticipate filing for bankruptcy within the year? \* Yes No

7. Is this facility operated by a management company, or leased in whole or part by another organization? \* Yes No

8. Has there been a change in Administrator, Director of Nursing, or Medical Director within the last year? \* Yes No

9. Is this facility chain affiliated? \* Yes No

Was the facility ever affiliated with a chain? \* Yes No

10. Have you increased your bed capacity by 10 percent or more or by 10 beds, whichever is greater, within the last 2 years? \* Yes No

Next Previous Save and Close

**Figure 9-5: Owner Business Questions**

To complete this window, carefully read and consider each question and then select a response. All questions are required.

**NOTE:** if Yes is a response to certain questions, a follow-up question will appear. In these cases, also respond to the follow-up question. Use the red asterisks (\*) that appear on the window to determine what fields are required.

After responding to all questions on this window, do one of the following:

- To save progress and continue, click the Next button. Proceed with the next section.
- To save progress and return to the previous step, click the Previous button. Return to the previous section.
- To save progress and continue with the enrollment process later, click the Save and Close button.

## 9.6 Provide Legal Information

The final owner window is the Legal Information window. On this window is another set of questions that require a response. An example of this window is shown in **Figure 9-6** below:

Legal Information Enumerated As: Type 1 - NPI Individual)

Pay-To Provider ID: NPI - Enrollment Case #: Status: NEW

Have you or any owner or employees ever had:

An Assessment taken against you? Yes ☐ No ☒

An Administrative Sanction taken against you? Yes ☐ No ☒

A Suspension of Payment taken against you? Yes ☐ No ☒

A Restitution Order taken against you? Yes ☐ No ☒

A Program Exclusion taken against you? Yes ☐ No ☒

A Program Debarment taken against you? Yes ☐ No ☒

A Pending Criminal Judgment taken against you? Yes ☐ No ☒

A Pending Civil Judgment taken against you? Yes ☐ No ☒

A Judgment Pending Under False Claims Act taken against you? Yes ☐ No ☒

A Criminal Fine taken against you? Yes ☐ No ☒

A Civil Monetary Penalty taken against you? Yes ☐ No ☒

Have you or any owner or employees ever been:

Convicted of any health related crimes? Yes ☐ No ☒

Convicted of a crime involving the abuse of a child or an elderly adult? Yes ☐ No ☒

Do you, any owners or employees have ownership interest in any entity that provide services to a Medicaid provider/supplier? Yes ☐ No ☒

If you answer 'yes' to any of these questions, please complete the explanation box.

Explanation:

Next Previous Save and Close

**Figure 9-6: Legal Information**

To complete this window, carefully read and consider each question and then select a response. All questions are required.

**NOTE:** It is required to provide an explanation for each Yes response in the Explanation box at the bottom of the window. Be complete and thorough in the explanation(s).

After responding to all questions on this window, do one of the following:

- To save progress and continue, click the Next button. Proceed with the next section.
- To save progress and return to the previous step, click the Previous button.
- To save progress and continue with the process later, click the Save and Close button.

## 10. Complete the Service Location Segment

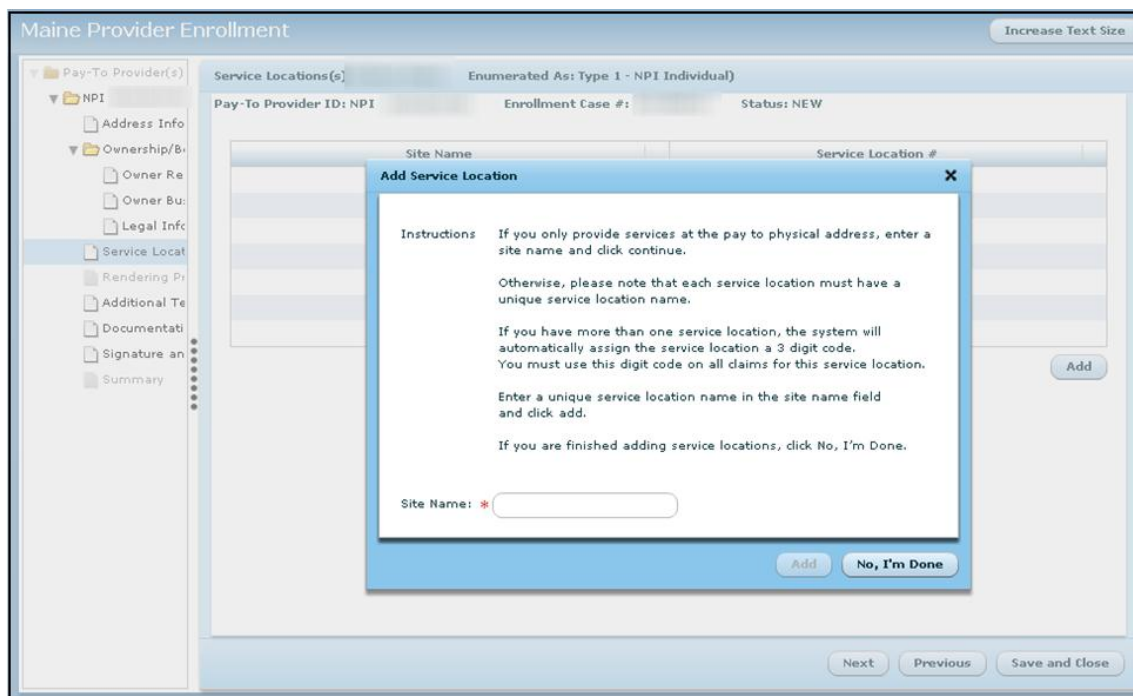
### 10.1 Overview

In the Service Location segment, identify all service locations for the provider being enrolled as well as provide demographic and provider type-specialty information for each service location. Fully describe one service location before identifying and describing subsequent service locations.

Each service location must be supplied a unique name, which will be used to identify the location when submitting claims. In addition, each service location will be assigned a three-digit number which, when appended to the end of the provider's Pay-To NPI, creates a unique numeric identifier for each service location.

### 10.2 Provide a Service Location Name

The first step is to provide a name for the service location. If enrolling with multiple service locations, each location must have a unique name. On the Add Service Location panel, shown in **Figure 10-1** below, provide a designator that will help the user easily identify this service location later, such as "Main Street office" or "Augusta location".

The screenshot shows the 'Maine Provider Enrollment' application. On the left is a navigation tree with options like 'Pay-To Provider(s)', 'NPI', 'Address Info', 'Ownership/B...', 'Owner Re...', 'Owner Bu...', 'Legal Info', 'Service Locat...', 'Rendering Pr...', 'Additional Te...', 'Documentati...', 'Signature an...', and 'Summary'. The 'Service Locations(s)' section is active, showing 'Enumerated As: Type 1 - NPI Individual', 'Pay-To Provider ID: NPI', 'Enrollment Case #:', and 'Status: NEW'. A table with columns 'Site Name' and 'Service Location #' is visible. Overlaid on this is a 'Add Service Location' dialog box. The dialog box has a title bar with a close button (X). It contains 'Instructions' text: 'If you only provide services at the pay to physical address, enter a site name and click continue.', 'Otherwise, please note that each service location must have a unique service location name.', 'If you have more than one service location, the system will automatically assign the service location a 3 digit code. You must use this digit code on all claims for this service location.', 'Enter a unique service location name in the site name field and click add.', and 'If you are finished adding service locations, click No, I'm Done.' Below the instructions is a 'Site Name' field with a red asterisk icon. At the bottom of the dialog are 'Add' and 'No, I'm Done' buttons. The background application has 'Next', 'Previous', and 'Save and Close' buttons at the bottom.

**Figure 10-1: Add Service Location**

Type the name of the service location in the Site Name field, and then click **Add**. The online portal displays the Service Location window. Continue with the next section.

### 10.3 Specify Addresses and Provider Directory Information

After specifying a name for the service location, the user must supply address information and, optionally, other information for inclusion in the MaineCare Provider Directory. An example of the Service Location window is shown in **Figure 10-2** below:

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Service Location

Pay-To Provider ID: NPI -
Enrollment Case #:
Status: NEW

If providing service in the home, provider should indicate office location.

Service Location # \*

**Physical Address**

Set same as Pay-To W9 Address

Address 1 \*

Address 2

ZIP/Postal Code \*

City \*

County \*

State/Province \*

Country \*

Phone \*

Fax

**Mailing Address**

Set same as Pay-To W9 Address

Address 1 \*

Address 2

ZIP/Postal Code \*

City \*

County \*

State/Province \*

Country \*

The following information is requested for the Provider Directory. If you are a PCCM provider, this information is mandatory.

**Current Medicaid IDs for This Service Location**

Medicaid ID

**Office Hours**

Day of Week	Closed?	Open From Time - To Time HH:MM followed by AM or PM
Monday	<input type="checkbox"/> Closed	<input type="text"/> - <input type="text"/>
Tuesday	<input type="checkbox"/> Closed	<input type="text"/> - <input type="text"/>
Wednesday	<input type="checkbox"/> Closed	<input type="text"/> - <input type="text"/>
Thursday	<input type="checkbox"/> Closed	<input type="text"/> - <input type="text"/>
Friday	<input type="checkbox"/> Closed	<input type="text"/> - <input type="text"/>
Saturday	<input type="checkbox"/> Closed	<input type="text"/> - <input type="text"/>
Sunday	<input type="checkbox"/> Closed	<input type="text"/> - <input type="text"/>

Handicap Accessible? Yes ☐ No ☒

Accepting New Patients? Yes ☒ No ☐

Patient Age Min:  Max:  Years

Gender Restriction ☒ None

Female Only ☐

Male Only ☐

**Additional Languages Spoken**

☐ ACHOLI  
☐ AFRIKAANS  
☐ ALBANIAN

**Figure 10-2: Service Location**

To complete the address information on this window, follow these steps:

1. Indicate the service location's physical address. If this physical address is the same as the Pay-To/W-9 address that the user specified previously, click the Set Same as Pay-To W-9 Address button. The online portal automatically populates the address fields below this button.
2. If the physical address is different from the Pay-To W-9 address, complete the address fields.
  - a. In the Address 1 field, type the first line of the physical address. The user must specify a street address in this field, not a post office box. This is a required field.

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- b. If applicable, type the second line of the physical address in the Address 2 field. Do not enter city and/or state in this field.
  - c. In the ZIP/Postal Code field, type the ZIP or postal code for this address. This is a required field.
  - d. Click or tab to the City field. The field displays a single city name for that Zip Code. If city name is not the name that is actually displayed, click on the drop-down arrow on the right side of the city field to show any additional towns/cities listed for that zip code and select the appropriate one.
  - e. Ensure that the City field displays the correct city for the address. If the correct city is not available in the list, ensure that the correct ZIP or postal code has been entered. If the correct city still does not appear to be available, contact Provider Enrollment.
  - f. After choosing the City, County, State/Province, and Country fields are automatically populated. Verify that these fields contain the correct information.
3. In the Phone field, specify the service location's phone number. This is a required field.
4. In the Fax field, specify the service location's fax number, if available.
5. Indicate the service location's mailing address. If this mailing address is the same as the Pay-To W-9 address that the user specified previously, click the Set Same as Pay-To W-9 Address button. The online portal automatically populates the address fields below this button. If the mailing address is different from the Pay-To/W-9 address, complete the address fields. Post Office boxes may be given as mailing addresses.
  - a. In the Address 1 field, type the first line of the physical address. This is a required field.
  - b. If applicable, type the second line of the physical address in the Address 2 field. . Do not enter city and/or state in this field.
  - c. In the ZIP/Postal Code field, type the ZIP or postal code for this address. This is a required field.
  - d. Click or tab to the City field. The field displays a single city name for that Zip Code. If city name is not the name that is actually displayed, click on the drop-down arrow on the right side of the city field to show any additional towns/cities listed for that zip code and select the appropriate one.
  - e. Ensure that the City field displays the correct city for the address. If the correct city is not available in the list, ensure that the correct ZIP or postal code has been entered. If the correct city still does not appear to be available, contact Provider Enrollment.
  - f. After choosing the City, County, State/Province, and Country fields are automatically populated. Verify that these fields contain the correct information.

The remaining fields on this window request information for the MaineCare Provider Directory. If participating in the PCCM program, these fields are required. If not participating in PCCM, the fields are optional.

To complete the provider directory fields, follow these steps:

1. In the Current Medicaid IDs for This Service Location area, list all of the Medicaid identification numbers assigned to or used by this service location since calendar year 2005, if any.
  - a. To add a Medicaid ID, type the number in the Medicaid ID box and click the Add button. The online portal adds the number to the list.
  - b. To edit a Medicaid ID, select a number from the list and make any necessary changes.
  - c. To remove a Medicaid ID from the list, select a number from the list and click the Delete button.
2. If any staff members at this service location speak one or more languages in addition to English, check the boxes next to the appropriate languages in the Additional Languages Spoken field.
3. In the Office Hours table, indicate when services are available at the service location for each day of the week.

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- a. For days when services are not available, click the checkbox next to Closed.
- b. For days when services are available, indicate the times between which the service location is open. Use the format HH:MM to indicate the time, and specify AM or PM as appropriate for each time.

**NOTE:** Noon is 12:00 p.m. and midnight is 12:00 a.m.

- c. If participating in PCCM, supply office hours information for all seven days.
4. In the Handicap Accessible? field, indicate whether this service location is accessible to persons with disabilities. Choose either Yes or No.
5. In the Accepting New Patients field, indicate whether this service location is accepting new patients. Choose either Yes or No.
6. In the Patient Age fields, indicate the minimum and maximum ages of patients that can receive services at this location. For infants, specify 0 years. For maximum age, the greatest allowed value is 112 years.
7. In the Gender Restriction field, indicate whether there is a gender restriction for patients at this location. Do one of the following:
  - a. If there is no gender restriction, select None.
  - b. If services are restricted to female patients only, select Female Only.
  - c. If services are restricted to male patients only, select Male Only.

After completing the fields on this window, do one of the following:

- To save progress and continue, click the Next button. Proceed with the next section.
- To save progress and return to the previous step, click the Previous button. Return to the previous section.
- To save progress and continue with the enrollment process later, click the Save and Close button.
- To delete this service location, click the Delete button.

## 10.4 Select and Define Provider Types and Specialties

After specifying address and, optionally, provider directory information, select and define the provider types and specialties that describe the provider's practice at the current service location. On the Provider Type and Specialty window, add one or more provider type-specialty pairs. An example of the Provider Type and Specialty window is shown in **Figure 10-3** below:

Provider Type	Specialty	Begin Date (MM/DD/YYYY)	Term Date (MM/DD/YYYY)

Provider Type \*  Begin Date (MM/DD/YYYY)  Term Date (MM/DD/YYYY)

Specialty \*  \*

**Figure 10-3: Provider Type and Specialty for Service Locations**

The example above shows this window in its initial state. Depending on the selections made from the Provider Type list and the Specialty list, this window dynamically updates to include the appropriate fields needed to describe the provider's licensure, certification, education, bonding, and/or other supporting documentation for the provider type-specialty pair.

Additionally, depending on the provider type-specialty pair selected, this window might display one or more questions related to MaineCare program participation, laboratory services, and prescribing privileges.

Use the red asterisks (\*) that appear on the window to determine what fields are required. Be aware that the asterisks can also appear dynamically, depending on the selections and field entries.

Depending on the provider type and specialty chosen, additional items may be required. License, certification, and bonding information may be required as well. If the user is a Border State provider as well as an Out-of-State provider, multiple questions pertaining to PCCM will be presented.

Provider Type & Specialty																							
<b>Pay-To Provider ID:</b> NPI -	<b>Enrollment Case #:</b>	<b>Status:</b> NEW																					
<p><b>Specialties</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Provider Type</th> <th style="width: 30%;">Specialty</th> <th style="width: 20%;">Begin Date (MM/DD/YYYY)</th> <th style="width: 15%;">Term Date (MM/DD/YYYY)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div> <b>Provider Type *</b> <span style="border: 1px solid #ccc; padding: 2px 10px; background-color: #e6f2ff;">Audiologist ▼</span> </div> <div> <b>Begin Date (MM/DD/YYYY)</b> </div> <div> <b>Term Date (MM/DD/YYYY)</b> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <b>Specialty *</b> <span style="border: 1px solid #ccc; padding: 2px 10px; background-color: #e6f2ff;">AUDIOLOGY ▼</span> </div> <div> <span style="border: 1px solid #ccc; width: 100px; height: 25px;"></span> *         </div> <div> <span style="border: 1px solid #ccc; width: 100px; height: 25px;"></span> </div> </div> </div> <p style="font-size: small; margin-top: 10px;">Questions: * Are you a licensed Hearing Aid Dealer? (if yes - please mail in Hearing Aid Dealer License) <span style="float: right;">Yes <input type="radio"/> No <input type="radio"/></span></p>				Provider Type	Specialty	Begin Date (MM/DD/YYYY)	Term Date (MM/DD/YYYY)																
Provider Type	Specialty	Begin Date (MM/DD/YYYY)	Term Date (MM/DD/YYYY)																				
<table style="width: 100%;"> <tr> <td style="width: 40%;"><b>License Type *</b></td> <td style="width: 20%;"><b>Begin Date (MM/DD/YYYY)</b></td> <td style="width: 20%;"><b>Term Date (MM/DD/YYYY)</b></td> <td style="width: 20%;"><b>Level</b></td> </tr> <tr> <td><span style="border: 1px solid #ccc; padding: 2px 10px; background-color: #e6f2ff;">▼</span></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Certification Type</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Education</b></td> <td></td> <td></td> <td><span style="border: 1px solid #ccc; padding: 2px 10px; background-color: #e6f2ff;">▼</span></td> </tr> <tr> <td><b>Medicare Cert #</b></td> <td></td> <td></td> <td></td> </tr> </table>				<b>License Type *</b>	<b>Begin Date (MM/DD/YYYY)</b>	<b>Term Date (MM/DD/YYYY)</b>	<b>Level</b>	<span style="border: 1px solid #ccc; padding: 2px 10px; background-color: #e6f2ff;">▼</span>				<b>Certification Type</b>				<b>Education</b>			<span style="border: 1px solid #ccc; padding: 2px 10px; background-color: #e6f2ff;">▼</span>	<b>Medicare Cert #</b>			
<b>License Type *</b>	<b>Begin Date (MM/DD/YYYY)</b>	<b>Term Date (MM/DD/YYYY)</b>	<b>Level</b>																				
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<b>Medicare Cert #</b>																							
<span style="border: 1px solid #ccc; padding: 5px 15px; background-color: #e6f2ff; margin-right: 10px;">Add This Specialty</span> <span style="border: 1px solid #ccc; padding: 5px 15px; background-color: #e6f2ff;">Cancel Add</span>																							

Follow the guidelines below to complete the fields that appear on this window. Remember that only those fields that apply to the provider type-specialty pair selected will be presented, not all of the fields described below are displayed. If the appropriate provider type-specialty pair(s) for the provider's practice is not known, refer to the [Reference Guide for Valid Provider Type/Specialty Pairs](#) available on the online portal.

- Last updated: 01/20/2015



- c. If the provider type does not require a specialty, the online portal automatically displays *No Specialty Required* in this field. Continue with the next step.
4. In the field beside the Specialty list, specify the dates on which the provider began practicing this specialty. This is a required field.
5. Complete the following fields only as they apply to the provider type-specialty pair selected. Use the red asterisks (\*) that appear on the window to determine what fields are required.
6. Be aware that the asterisks can also appear dynamically, depending on the selections and field entries. Also, depending on the window resolution and size of the browser window, scroll to the right to see all fields.
  - a. Respond to any questions that appear on the window. The questions are populated automatically, based on provider type and specialty. For some provider type-specialty pairs, no questions will be displayed.  
Responses to some questions will result in the dynamic addition of more requested information on this window.
  - b. In the License Type field, choose the licensing entity from the provided list. If the licensing entity that to select does not appear in the list, choose Other. If multiple licenses for a specialty are held, choose Multiple.  
If choosing Other or Multiple, there are no additional fields to complete in the License group. After the completion of the online application, it is required to mail a copy of the license(s).  
Otherwise, in the License # field, supply the number of the license. In the fields beside the License # field, specify the dates on which the license became valid (required) as well as the license's term date (required).
  - c. In the Certification Type field, choose the certifying entity from the provided list. If the certifying entity to select does not appear in the list, choose Other. If multiple certificates for a specialty are held, choose Multiple.  
If choosing Other or Multiple, there are no additional fields to complete in the Certificate group. Otherwise, in the Certificate # field, supply the number of the certificate. In the fields beside the Certificate # field, specify the dates on which the certificate became valid as well as the certificate's term date.  
In addition to the completion of the online application, it is required to mail a copy of the certificate(s). There is no system reminder to do this and the application will be considered incomplete without it.
  - d. In addition, enrollment applications must include a signed [AdvantageME Vendor Activation Form](#). This form is available on the left menu of the Provider Tab on the online portal under Provider Useful Links. It must be completed, signed, printed and mailed in with the signed provider agreement for the application to be processed. There is no system reminder to do this and the application will be considered incomplete without it.
  - e. In the Education field, provide the name of the college, university, or other educational institution where the provider received the education for the specialty listed above.
  - f. In the field beside the Education field, provide the last date of attendance at that educational institution and indicate the degree obtained at the educational institution from the drop down list (Doctorate Degree, Masters Degree, Bachelors Degree, or Degree not obtained).
  - g. If enrolling a provider with clinical laboratory certification, indicate the CLIA certificate number, the dates during which the certificate is valid, and the certification level.
  - h. If enrolling a provider with prescribing privileges, indicate the DEA certificate number and the dates during which the certificate is valid.

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- i. If enrolling a healthcare organization, indicate whether the organization has certification from the Joint Commission on the Accreditation of Healthcare Organizations (i.e., whether the provider has a JCAHO number) as well as the dates during which the certificate is valid.
  - j. If enrolling a pharmacy, indicate the National Association of Boards of Pharmacy (NABP) certificate number as well as the dates during which the certificate is valid.
  - k. If enrolling a Speech/Hearing Therapist Group (Provider Type 67) or a Public School, Special Purpose Private School, or Intermediate Education Unit (Provider Types 87, 88, and 89, respectively), answer the questions regarding professional staff. If at least one qualified speech language professional AND one qualified audiologist at the service location is employed, answer “Yes” to that question. From among the two or more hire dates of these staff, provide the earliest date on which BOTH specialties were engaged (that is, the later of the two dates) and have continuously retained them up until the present time, i.e. the date of completing this enrollment. If both specialties are not currently employed, respond “No.”
    - i. If either of the professionals are contracted staff instead of employees, answer “No.” Both specialties must be represented by employees and base Effective Date on employed professionals only.
    - ii. A qualified speech language pathologist, however, would include a Licensed Speech-Language Pathologist or a Certificate 293 – Speech and Language Clinician.
7. In the Medicare Cert # fields, provide the Medicare certification number for the specialty listed in the License Type field. Also indicate the Begin Date and Term Date during which the certificate is valid.
  8. Choose the Add This Specialty button. If another specialty needs to be added to the service location complete steps 1 through 7 above.

After completing the fields on this window, do one of the following:

- To save progress and continue, click the Next button. Proceed with the next section.
- To save progress and return to the previous step, click the Previous button. Return to the previous section.
- To save progress and continue with the enrollment process later, click the Save and Close button.

## 10.5 Indicate Program Participation

On the Programs window, indicate whether the provider enrolling participates in certain State Medicaid programs. The programs listed on this window are relevant to the provider's type. The Programs window is shown in **Figure 10-5** below.

Programs

Pay-To Provider ID: NPI - Enrollment Case #: Status: NEW

Does this Service Location participate in any of the following programs?

Do you provide services to the children covered by Children with Special Health Needs (CSHN) program? Yes ☐ No ☒

Is this site interested in participating in our Children with Special Health Needs program? Yes ☐ No ☒

Will you be providing non-Medicaid services at the request of Adult Protective Services? Yes ☐ No ☒

Is this site interested in providing non-Medicaid services at the request of Adult Protective Services? Yes ☐ No ☒

Will you be providing non-Medicaid services to eligible children and families being serviced by the Child Welfare Program? Yes ☐ No ☒

Is this site interested in providing non-Medicaid services to eligible children and families being serviced by the Child Welfare Program? Yes ☐ No ☒

Next Previous Save and Close

**Figure 10-5: Programs**

To complete this window, follow these steps:

1. For each listed program, indicate whether the provider participates. Choose Yes if the provider participates, or choose No if the provider does not participate.
2. For certain programs in which the provider participates, the provider's program identification number may be asked to be supplied. If requested, this number is required.
3. For certain programs in which the provider currently does not participate, the user may be asked whether the provider is interested in participating. If asked, answer Yes or No.

Depending on the provider type and specialty chosen at the service location, the list of programs offered for participation may vary.

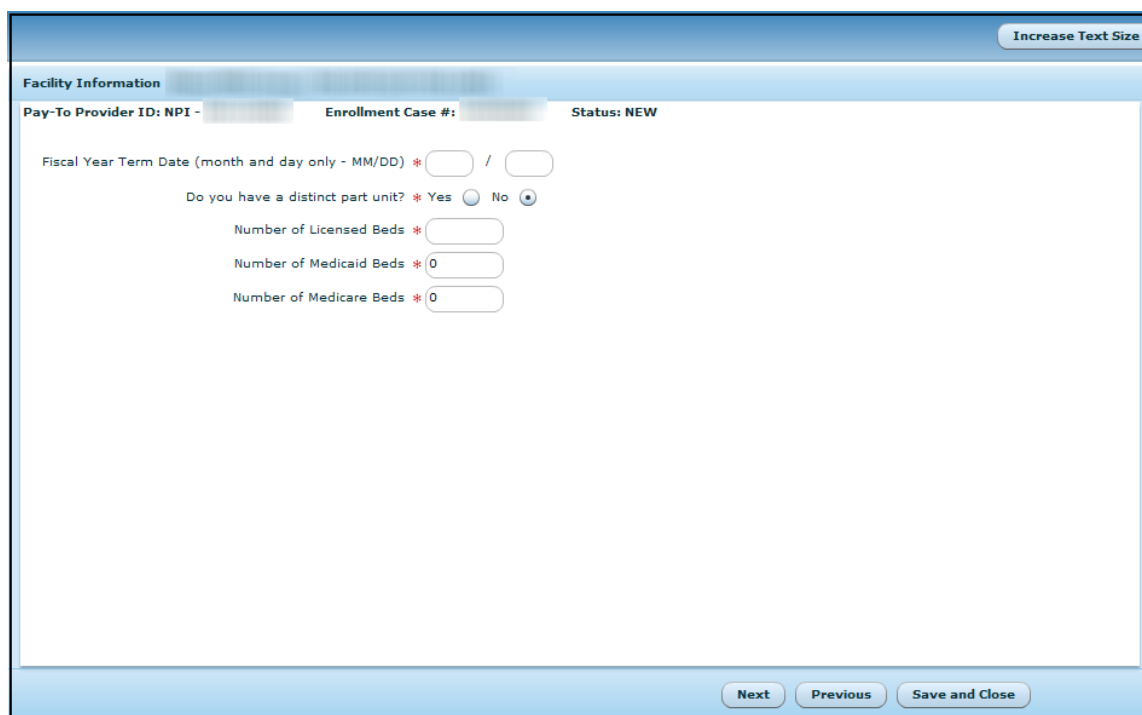
After completing this window, do one of the following:

- To save progress and continue, click the Next button. If indicated that the provider currently participates in the PCCM program, proceed with the next section. If not, skip to **Section 10.8: Continue to the Rendering Provider Segment**.
- To save progress and return to the previous step, click the Previous button.
- To save progress and continue with the enrollment process later, click the Save and Close button.

## 10.6 Supply Facility-Specific Information

Depending on the provider type and specialties defined for the service location, the Facility Information window might display one or more facility-specific questions. (If there are no additional questions to display, the window will show a message to that effect. If not enrolling a facility, this window will not appear.) If there are questions on this window, must respond to them.

An example of the Facility Information window is shown below:



**Figure 10-6: Facility Information**

For facilities that are not pharmacies, use this list for guidance to complete one or more of these fields:

- In the Fiscal Year Term Date fields, supply the two-digit month and the two-digit day of the date on which the facility's fiscal year ends.
- Indicate whether the facility has a distinct part unit. Choose either Yes or No.
- Indicate whether the facility is accredited. Choose either Yes or No.
- Indicate the number of Licensed, Medicaid, or Medicare beds in the appropriate fields.
- Indicate the facility's State Facility ID number. If there is no facility ID, put NONE.

For pharmacies, the following fields will be shown:

- In the Secure Fax # field, indicate the number of a secure fax at the pharmacy.
- In the NABP Chain Code field, indicate the pharmacy's NABP chain code.
- In the Chain Code Name field, supply the name associated with the pharmacy's NABP chain code.
- In the Address 1 field, type the first line of the pharmacy's address. This is a required field.
- If applicable, type the second line of the physical address in the Address 2 field. Do not enter city and/or state in this field.
- In the ZIP/Postal Code field, type the ZIP or postal code for this address. This is a required field.

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- Click or tab to the City field. The field displays a single city name for that Zip Code. If city name is not the name that is actually displayed, click on the drop-down arrow on the right side of the City field to show any additional towns/cities listed for that zip code and select the appropriate one.
- Ensure that the City field displays the correct city for the address. If the correct city is not available in the list, ensure that the correct ZIP or postal code has been entered. If the correct city still does not appear to be available, contact Provider Enrollment.
- After choosing the City, County, State/Province, and Country fields are automatically populated. Verify that these fields contain the correct information.
- In the Chain Code Start Date field, specify the date on which the chain code became effective for the pharmacy.
- In the Chain Code End Date field, specify the date on which the chain code is no longer effective for the pharmacy.

After responding to all questions, do one of the following:

- To save progress and continue, click the Next button.
- To save progress and return to the previous step, click the Previous button.
- To save progress and continue with the enrollment process later, click the Save and Close button.

## 10.7 Specify PCCM Information

If indicated that the service location would be participating in the PCCM program, the PCCM Information window displays. On this window, specify required PCCM program information. An example of this window is shown in **Figure 10-7** below:

The screenshot displays the 'PCCM Information' window. At the top, it shows 'Pay-To Provider ID: NPI -', 'Enrollment Case #:', and 'Status: NEW'. Below this, there are two input fields: 'Total number of patients' (with a red asterisk and a value of 0) and 'Services limited to ages of' (with a red asterisk, a range input, and a 'to' label). A section titled 'Practice limited to' contains a large text area and a 'Delete' button. Below this is a 'Practice Limit' dropdown menu and an 'Add' button. Two radio buttons are present: the first is selected and labeled 'We will be an OPEN PCP Site, accepting new Medicaid Patients'; the second is labeled 'We will be a CLOSED PCP Site and will provide services only to those Medicaid patients for whom we already provide services or approved site patient acceptance practice.' A section titled 'After Regular Office Hours' with a red asterisk and the text 'Enter at least one' contains four checkboxes: 'Answering service contacts the site or covering Medicaid Provider', 'Answering machine directs patients to call a covering Medicaid Provider', 'Call forwarding transfers calls to another location where someone can contact the site or a covering Medicaid Provider', and 'Alternate coverage arrangement - Explain detail'. Below this is a 'Details' text area. A '24-hour Phone Number' field with a red asterisk is also present. A section titled 'The Department allows you to exclude certain patients from the PCP site when:' lists two conditions: '\* A lawsuit exists between you or the site and the patient; or' and '\* the patient has been formally discharged from your practice'. Below this is a 'Number of patients you are excluding' field with a value of 0. A section titled 'Identify Excluded Patients' contains a large text area and a 'Delete' button. Below this is a 'Medicaid ID' field and an 'Add' button. At the bottom, there is a link labeled 'Link to PCCM Terms & Conditions'.

**Figure 10-7: Primary Care Case Management**

To complete this window, follow these steps:

1. In the Total number of patients field, indicate the total number of patients on the site panel.

2. In the Services limited to ages of fields, indicate the minimum and maximum ages, in years, to which services are limited. For infants, specify 0 years. For maximum age, greatest allowed value is 112 years.
3. If there are practice limitations for this service location, populate the Practice limited to list. To do so, select the appropriate limitation from the drop-down list and click Add. Specify as many limitations as exist for the service location.
4. Indicate whether this service location will be an Open PCP Site (accepting new Medicaid patients) or a Closed PCP Site (providing services only to current patients).
5. In the After Regular Office Hours section, indicate what happens when a patient calls the 24-hour telephone number. Choose more than one action, but choose at least one. The choices are:
  - a. An answering service contacts the site or the covering Medicaid provider.
  - b. An answering machine directs patients to call a covering Medicaid provider.
  - c. Call forwarding transfers calls to another location where someone can contact the site or a covering Medicaid Provider.
  - d. Alternate coverage arrangement – Explain in detail. If there is an alternate arrangement, explain it in detail in the box below this choice.
6. In the 24-hour Phone Number field, provide the site's 24-hour telephone number. This is a requirement of participation in the PCCM program.
7. In the final section of this window, address any patients that are excluded from the PCP site. Exclusion of certain patients is allowed either when a lawsuit exists between the patient and either the provider or the site or when the patient has been formally discharged from the practice.
8. In the patient exclusion fields, indicate the number of patients that are excluded and specify the Medicaid ID for each excluded patient. If one or more patients are excluded, provide the Medicaid IDs for those patients.

Do one of the following:

- To save progress and continue to the next window, click the Next button.
- To save progress and return to the previous window, click the Previous button.
- To save progress and continue with the enrollment process later, click the Save and Close button.

## ***10.8 Continue to the Rendering Provider Segment***

After clicking the **Next** button (either on the Programs window, if not participating in the PCCM program, or on the PCCM Information window), the online portal returns to the Add Service Location panel.

To add another service location, repeat the same steps used to create the first service location.

If there are no other service locations, click the **No, I'm Done** button. The online portal closes the Add Service Location panel and displays a summary of service locations entered. To continue with the next segment, click the **Next** button. Continue with the next section.

## **11. Complete the Rendering Provider Segment**

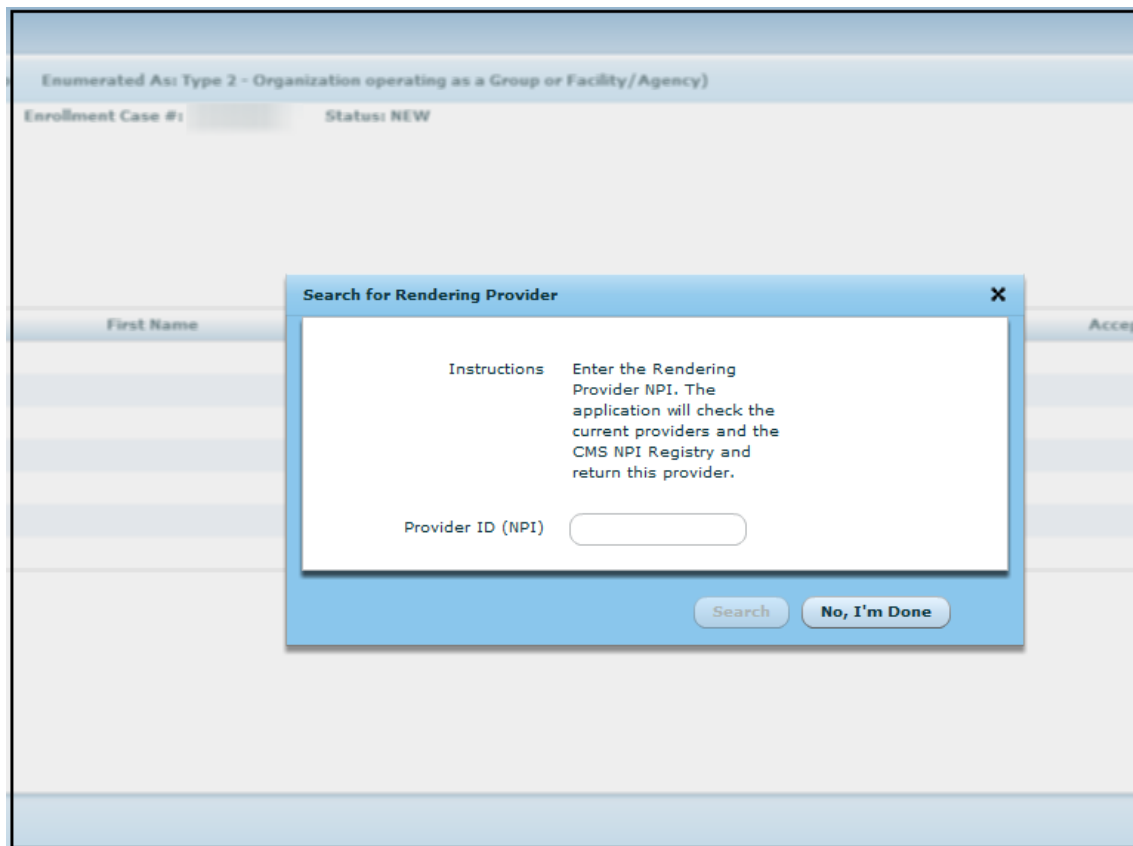
### ***11.1 Overview***

In the rendering provider segment, specify all MaineCare rendering providers that are affiliated with the service locations. Identify each rendering provider, confirm their address and other NPI-related, information, specify their provider type and specialties, indicate their MaineCare program participation, and, if applicable, provide details for their PCCM details.

**NOTE:** If provider type and specialty is listed as an FAO/Group with rendering providers, specify at least one rendering provider and to fill out the rendering provider section.

## **11.2 Search for a Rendering Provider**

The first step is to search for a rendering provider in the NPI database. An example of the Search for Rendering Provider window is shown in **Figure 11-1** below:



**Figure 11-1: Search for Rendering Provider**

On this window, type the NPI of a rendering provider in the field and click Add. The online portal searches its database for the NPI and, if it is found, continues to the next window. If the online portal does not find the NPI entered, verify the correct number was entered and search again.

While entering a rendering provider on the online portal, the user may encounter a pop-up message indicating that the rendering provider is currently being entered by another provider (this happens when the rendering provider works for more than one provider), therefore the user is unable to enter the rendering provider in the new case until the other provider's enrollment/maintenance case is complete.

Provider Enrollment Specialists have the ability to unlock the rendering provider. Please call Provider Enrollment at 1-866-690-5585, Option 1 to speak with a specialist. Once the rendering provider(s) is unlocked and entered by the specialist, enrollment can continue for this rendering provider.

This is the error message that is displayed when there is a locked provider:

“An enrollment application for this Rendering Provider is currently in progress by another user. Please delay adding this Rendering Provider NPI to the application until the other user has completed their enrollment. If this situation continues to exist, please contact the MaineCare Provider Enrollment Unit at 1-866-690-5585, Option 1.”



### 11.3 Confirm Address and Other NPI-Related Information

After the online portal locates the rendering provider's NPI in its database, it displays the details on the Rendering Provider window. An example of this window is shown in **Figure 11-2** below:

The screenshot shows a web form titled "Rendering Provider" with a blue header bar containing an "Increase Text Size" button. Below the header, there are three tabs: "Pay-To Provider ID: NPI", "Enrollment Case #", and "Status: NEW". The form is divided into two columns. The left column contains fields for "First Name", "Last Name", "Address 1", "Address 2" (with a "PO BOX" dropdown), "ZIP/Postal Code", "City" (dropdown), "County" (dropdown), "State" (dropdown), and "Country" (dropdown). The right column contains fields for "NPI", "Medicaid ID", "Email", "Gender" (dropdown with "Male" selected), "Phone", "Fax", "Emergency Phone", and "Status" (dropdown with "NEW" selected). At the bottom of the form, there are four buttons: "Next", "Previous", "Save and Close", and "Delete".

**Figure 11-2: Rendering Provider**

Confirm the details on this window, and make any necessary changes.

**NOTE:** Any changes made to the information on this window affects only the provider's enrollment application. To make the changes in the NPI record, also contact CMS and follow their procedures. Any mismatches between the NPI information and MaineCare information may result in delayed or withheld payments.

Also, on this window, provide an email address for the rendering provider and, optionally, also provide the rendering provider's previous Medicaid ID and emergency phone number.

After completing the information on this window, do one of the following:

- To save progress and continue, click the Next button. Continue with the next section.
- To save progress and continue with the enrollment process later, click the Save and Close button.
- To cancel all changes made on the window and return to the online portal home page, click the Delete button.

## 11.4 Specify Provider Type and Specialties

Next, specify the provider types and specialties that describe the rendering provider's practice at the Pay-To provider's service location(s). On the Rendering Provider Type and Specialty window, add one or more provider type-specialty pairs. An example of the Rendering Provider Type and Specialty window is shown in **Figure 11-3** below:

**Figure 11-3: Rendering Provider Type and Specialty**

The example above shows this window in its initial state. Depending on the selections made from the Provider Type list and the Specialty list, this window dynamically updates to include the appropriate fields needed to describe the provider's licensure, certification, education, and/or other supporting documentation for the provider type-specialty pair.

Additionally, depending on the provider type-specialty pair selected, this window might display one or more questions related to MaineCare program participation, laboratory services, and prescribing privileges.

Use the red asterisks (\*) that appear on the window to determine what fields are required. Be aware that the asterisks can also appear dynamically, depending on the selections and field entries.

Depending on the provider type and specialty chosen additional questions may be asked. License and certification information may be required as well.

Follow the guidelines below to complete the fields that appear on this window. Remember that only those fields that apply to the provider type-specialty pair selected will be presented, not all of the fields described below are displayed. If the appropriate provider type-specialty pair(s) for the provider's practice is not known, refer to the reference guides which contain tables of provider types and specialties as mentioned in **Section 5: Reference Materials** above.

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1. In the Provider Type list, the online portal provides a list of all available provider types that are appropriate for rendering providers. Select the provider type that best represents the provider's practice. This is a required field.

*NOTE: After selecting a provider type, the online portal dynamically updates the remaining fields on this window.*

2. In the Specialty list, the online portal provides a list of all possible specialties that are appropriate for the provider type selected. Some provider types have multiple possible specialties, others have only one possible specialty, and others do not require a specialty. Depending on the situation for the provider type selected, do one of the following:
  - a. If the provider type has multiple possible specialties, select the specialty that best reflects the provider's practice. (If the provider practices multiple specialties, choose the primary specialty first. Add another specialty after completing the information for the current one.) Continue with the next step.
  - b. If the provider type has only one possible specialty, the online portal automatically selects it. Continue with the next step.
  - c. If the provider type does not require a specialty, the online portal automatically displays *No Specialty Required* in this field. Continue with the next step.
3. In the fields beside the Specialty list, specify the dates on which the provider began practicing this specialty. This is a required field.
4. Complete the following fields only as they apply to the provider type-specialty pair selected. Use the red asterisks (\*) that appear on the window to determine what fields are required.
5. Be aware that the asterisks can also appear dynamically, depending on the selections and field entries. Also, depending on the window resolution and size of the browser window, scroll to the right to see all fields.
  - a. Respond to any questions that appear on the window. The questions are populated automatically, based on provider type and specialty. For some provider type-specialty pairs, no questions will be displayed.
  - b. Responses to some questions will result in the dynamic addition of more requested information on this window.
  - c. In the License Type field, choose the licensing entity from the provided list. If the licensing entity that to select does not appear in the list, choose Other. If multiple licenses for a specialty are held, choose Multiple.
  - d. If choosing Other or Multiple, there are no additional fields to complete in the License group. After the completion of the online application, it is required to mail a copy of the license(s).
  - e. Otherwise, in the License # field, supply the number of the license. In the fields beside the License # field, specify the dates on which the license became valid (required) as well as the license's term date (required).
  - f. In the Certification Type field, choose the certifying entity from the provided list. If the certifying entity to select does not appear in the list, choose Other. If multiple certificates for a specialty are held, choose Multiple.
  - g. If choosing Other or Multiple, there are no additional fields to complete in the Certificate group. Otherwise, in the Certificate # field, supply the number of the certificate. In the fields beside the Certificate # field, specify the dates on which the certificate became valid as well as the certificate's term date.
  - h. In addition to the completion of the online application, it is required to mail a copy of the certificate(s). There is no system reminder to do this and the application will be considered incomplete without it.
  - i. In the Education field, provide the name of the college, university, or other educational institution where the provider received the education for the specialty listed above.

- j. In the fields beside the Education field, provide the last date of attendance at that educational institution and indicate the degree obtained at the educational institution (Doctorate Degree, Masters Degree, Bachelors Degree, or Degree not obtained).
  - k. If enrolling a provider with clinical laboratory certification, indicate the CLIA certificate number, the dates during which the certificate is valid, and the certification level.
  - l. If enrolling a provider with prescribing privileges, indicate the DEA certificate number and the dates during which the certificate is valid.
  - m. If enrolling a healthcare organization, indicate whether the organization has certification from the Joint Commission on the Accreditation of Healthcare Organizations (i.e., whether the provider has a JCAHO number) as well as the dates during which the certificate is valid.
  - n. If enrolling a pharmacy, indicate the NABP certificate number as well as the dates during which the certificate is valid.
  - o. In the Medicare Certificate fields, provide the Medicare certification number for the specialty listed in step 2 above. Also indicate the dates during which the certificate is valid.
6. Choose the Add This Specialty button. If another specialty needs to be added to this rendering provider, complete steps 1 through 5 above.

After completing the fields on this window, do one of the following:

- To save progress and continue, click the Next button. Proceed with the next section.
- To save progress and return to the previous step, click the Previous button. Return to the previous section.
- To save progress and continue with the enrollment process later, click the Save and Close button.

## 11.5 Indicate Program Participation

On the Programs window, indicate whether the provider being enrolled participates in certain State Medicaid programs. The programs listed on this window are relevant to the provider's type. The Programs window is shown in **Figure 11-4** below.

Programs

Pay-To Provider ID: NPI - Enrollment Case #: Status: NEW

Does this Service Location participate in any of the following programs?

Do you provide services to the children covered by Children with Special Health Needs (CSHN) program? Yes ☐ No ☒

Is this site interested in participating in our Children with Special Health Needs program? Yes ☐ No ☒

Will you be providing non-Medicaid services at the request of Adult Protective Services? Yes ☐ No ☒

Is this site interested in providing non-Medicaid services at the request of Adult Protective Services? Yes ☐ No ☒

Will you be providing non-Medicaid services to eligible children and families being serviced by the Child Welfare Program? Yes ☐ No ☒

Is this site interested in providing non-Medicaid services to eligible children and families being serviced by the Child Welfare Program? Yes ☐ No ☒

Next Previous Save and Close

Increase Text Size

**Figure 11-4: Programs**

To complete this window, follow these steps:

1. For each listed program, indicate whether the provider participates. Choose Yes if the provider participates, or choose No if the provider does not participate.
2. For certain programs in which the provider participates, the user may be asked to supply the provider's program identification number. If requested, this number is required.
3. For certain programs in which the provider currently does not participate, the user may be asked whether the provider is interested in participating. If asked, answer Yes or No.

Depending on the provider type and specialty chosen for the rendering provider, the list of programs offered for participation may vary.

After completing this window, do one of the following:

- To save progress and continue, click the Next button. If indicated that the provider currently participates in the PCCM program, proceed with the next section. If not, skip to Section 11.7: Affiliate the Rendering Provider to One or More Service Locations.
- To save progress and return to the previous step, click the Previous button. Return to the previous section.
- To save progress and continue with the enrollment process later, click the Save and Close button.

## 11.6 Specify PCCM Information

If enrolling as a Border State provider as well as an Out-of-State provider, multiple questions pertaining to PCCM will be presented. QMB, Emergency, Special Agreement, and other Out-of-State Agreement providers are not eligible for program participation and will not see the windows in this section.

If indicated that the rendering provider would be participating in the PCCM program, the PCCM Information window displays. (If the rendering provider does not participate in this program, continue to the next section.) On this window, specify required PCCM program information. An example of this window is shown in **Figure 11-5** below:

The screenshot shows a web-based form titled "Programs" with a blue header. In the top right corner of the header is a button labeled "Increase Text Size". Below the header, there are three fields: "Pay-To Provider ID: NPI -", "Enrollment Case #:", and "Status: NEW". The main content area contains the question "Does this Service Location participate in any of the following programs?". Below this are five questions, each with "Yes" and "No" radio button options. The first question is "Do you provide services to the children covered by Children with Special Health Needs (CSHN) program?". The second is "Is this site interested in participating in our Children with Special Health Needs program?". The third is "Will you be providing non-Medicaid services at the request of Adult Protective Services?". The fourth is "Is this site interested in providing non-Medicaid services at the request of Adult Protective Services?". The fifth is "Will you be providing non-Medicaid services to eligible children and families being serviced by the Child Welfare Program?". The sixth is "Is this site interested in providing non-Medicaid services to eligible children and families being serviced by the Child Welfare Program?". At the bottom of the form are three buttons: "Next", "Previous", and "Save and Close".

**Figure 11-5: Rendering Provider PCCM**

To complete this window, follow these steps:

1. In the Services limited to ages of fields, indicate the minimum and maximum ages, in years, to which services are limited. For infants, specify 0 years. For maximum age, greatest allowed value is 112 years.
2. If there are practice limitations for this service location, populate the Practice limited to list. To do so, select the appropriate limitation from the drop-down list and click Add. Specify as many limitations as exist for the service location.
3. Indicate whether this rendering provider is accepting new patients. Choose either Yes or No.
4. Do one of the following:
  - a. To save progress and continue to the next window, click the Next button.
  - b. To save progress and return to the previous window, click the Previous button.
  - c. To save progress and continue with the enrollment process later, click the Save and Close button.

## 11.7 Affiliate the Rendering Provider to One or More Service Locations

On the Affiliations window, specify the service locations at which the rendering provider offers services. An example of the Affiliations window appears in **Figure 11-6** below.

Maine Provider Enrollment

Increase Text Size

**Affiliations (Augusta Medical Partners / NPI - 1528243730)**

Pay-To Provider ID: NPI - 1760668818    Enrollment Case #: 920300010    Status: NEW

Although this screen displays all Service Locations, some might not require the affiliation of Rendering Providers or be compatible with this Rendering Provider. This requirement depends on the Service Location's provider type and specialty.

Site Name	Affiliated?	Begin Date (MM/DD/YYYY)	Term Date (MM/DD/YYYY)
* MAIN OFFICE	<input type="checkbox"/>		

Next    Previous    Save and Close

**Figure 11-6: Affiliations window**

Notice that this window lists all the service locations defined earlier in the application. (In this example, only one service location was defined.) If there are service locations that do not require rendering providers, as determined by the provider types and specialties assigned them, they will appear grayed out in this list and the user will not be able to affiliate the rendering provider to them.

To complete this window, follow these steps:

1. To affiliate the rendering provider to a service location, click the checkbox in the Affiliated? column beside the service location name.
2. For each service location affiliated to the rendering provider, indicate the date on which this affiliation began.
3. After completing the affiliation information, do one of the following:
  - a. To save progress and continue to the next window, click the Next button.
  - b. To save progress and return to the previous window, click the Previous button.
  - c. To save progress and continue with the process later, click the Save and Close button.

## 11.8 Financial Agreement

On the Financial Agreement window, the user can specify whether they wish to have payments automatically deposited to their bank. An example of this window is shown in **Figure 11-7** below.

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The screenshot shows a web form titled "Financial Agreement" with a subtitle "Enumerated As: Type 1 - NPI Individual)". At the top, it displays "Pay-To Provider ID: NPI -", "Enrollment Case #:", and "Status: NEW". Below this is a question: "Do you wish to have your payments automatically deposited to your bank?" with radio buttons for "Yes" and "No". The "Yes" option is selected. The form contains several required fields marked with an asterisk (\*): "Provider's Account Number with Financial Institution", "Name On Account", "Financial Institution Telephone Number", "Financial Institution Name", "Financial Institution Street Address 1", "ZIP Code/Postal Code", "City", "State/Province", "Type of Account at Financial Institution" (a dropdown menu), "Financial Institution Routing Number", "Effective Date (MM/DD/YYYY)" (pre-filled with 09/22/2014), "Financial Institution Street Address 2", "County", and "Country". The "City", "County", "State/Province", and "Country" fields are dropdown menus with a prompt "Enter a valid ZIP/Postal Code". At the bottom, there is a statement: "By providing my email address I authorize the State of Maine to send DD/EFT payment details to the following email address." followed by a text field for "Vendor/Provider Email Address for EFT Information".

**Figure 11-7: Financial Information**

To complete this window, follow these steps:

1. The following question must be answered: "Do you wish to have your payments automatically deposited to your bank?" Choose either Yes or No.
  - a. If the provider chooses No, they do not want to have payments automatically deposited, there are no additional fields to complete.
  - b. If the provider chooses Yes, they do want to have payments automatically deposited, continue to follow these steps:
2. In the Provider's Account Number with Financial Institution field, enter the provider's account number. This is a required field.
3. In the Name on Account field, supply the name on the account. This is a required field.
4. In the Financial Institution Telephone Number field, type the telephone number. This is a required field.
5. In the Financial Institution Name field, supply the name of the bank. This is a required field.
6. In the Financial Institution Street Address 1 field, type the first line of the financial institution address. This is a required field.
7. In the Financial Institution Street Address 2 field, type the second line of the financial institution address, if applicable.
8. In the ZIP/Postal Code field, type the ZIP or postal code for this address. This is a required field.
9. After entering the ZIP or Postal Code, the City, County, State/Province and Country fields are automatically populated. Verify that these fields contain the correct information.
10. In the Type of Account at Financial Institution field, click the drop down arrow and choose either Checking or Savings. This is a required field.
11. In the Financial Institution Routing Number field, type the routing number for the bank. This is a required field.
12. The Effective Date field will be auto-populated by the online portal. (The provider's effective date will be determined once the EFT enrollment has been processed.)
13. In the Vendor/Provider Email Address for EFT Information field, type the Vendor or Provider email address

After completing all of the required fields, do one of the following:

- To save the enrollment progress and continue to the next window, click the Next button.
- To save the enrollment progress and return to the previous window, click the Previous button.
- To save and continue with the enrollment process later, click the Save and Close button.



## 11.9 Continue to the Documentation Segment

After clicking the **Next** button on the Affiliation window, the online portal returns to the Search for Rendering Provider panel. To add another rendering provider, repeat the same steps used to create the first rendering provider starting in Section **11.2: Search for a Rendering Provider**.

If there are no other rendering providers, click the No, I'm Done button. The online portal closes the Search for Rendering Provider panel and displays a summary of rendering providers entered. To continue with the next segment, click the Next button. Continue with the next section.

## 12. Complete the Documentation Segment

### 12.1 Overview

The final segment of the enrollment process presents policy sections and other documents that must be attested to, as well as, documents that must be signed and either scanned and uploaded or mailed in.

### 12.2 Attest to Additional Terms

The first window is the Additional Terms window, which displays policy sections to which the provider must attest. The online portal displays the appropriate documents based on all the provider types and specialties specified for the provider's service locations. An example of this window appears in **Figure 12-1** below:

The screenshot shows a web application window titled "Additional Terms". At the top right is a button labeled "Increase Text Size". Below the title bar, there is a header area with "Enumerated As: Type 2 - Organization operating as a Group or Facility/Agency". Below this, there are three fields: "Pay-To Provider ID: NPI -", "Enrollment Case #:", and "Status: NEW". The main content area lists two chapters for attestation. Chapter I is "General Administrative Policies and Procedures" with a "(Click to Read)" link and an attestation checkbox that is checked. Chapter II is "Section 14: Advanced Practice Registered Nursing Services" with a "(Click to Read)" link and an attestation checkbox that is unchecked. At the bottom of the window are three buttons: "Next", "Previous", and "Save and Close".

**Figure 12-1: Additional Terms Attestation**

To complete this window, click the Click to Read link to access the document, read the document and click the checkbox next to the document name to attest that it has been read and its terms and conditions were agreed to.

Every provider must attest to Chapter One of MaineCare. Depending on the provider type and specialties chosen in the application, there may be additional attestations to Policy requiring sign off.

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After having reviewed and attested to all the documents, do one of the following:

- To save progress and continue to the last window, click the Next button.
- To save progress and return to the previous window, click the Previous button.
- To save progress and continue with the enrollment process later, click the Save and Close button.

### 12.3 Finalize Required Documentation

On the Documentation window, the online portal provides a list of documents that are required to complete the enrollment application. An example of this window appears in **Figure 12-2** below:

Documentation Enumerated As: Type 2 - Organization operating as a Group or Facility/Agency)

Pay-To Provider ID: NPI - Enrollment Case #: Status: NEW

The following documents are required as part of your Provider Enrollment application. Images of documents can be uploaded with your electronic application. However, documents that are marked with an 'X' in the Document Mail-In column are required to be printed, signed by the applicant, and mailed to:

MaineCare Provider Enrollment  
P.O. Box 1024  
Augusta, ME 04332-1024

Also Note: You must mail in a copy of ALL Certificates and any License type entered as 'Other' or 'Multiple'. Include these documents with your Cover Sheet and Provider Agreement.

Document Name	Download for Submission	Method of Submission	Upload	Submitted/Signed Documents
* Electronic Funds Transfer (EFT) Authorization Agreement	Download	<input type="radio"/> Upload <input type="radio"/> Mail In <input type="radio"/> Sign Electronically	Upload	View
* Bank Letter or Cancelled Check	Download	<input type="radio"/> Upload <input type="radio"/> Mail In <input type="radio"/> Sign Electronically	Upload	View
* Disclosure of Ownership and Control Interest	Download	<input type="radio"/> Upload <input type="radio"/> Mail In <input type="radio"/> Sign Electronically	Upload	Review Before Signing
* Medicaid Provider Agreement	Download	<input type="radio"/> Upload <input type="radio"/> Mail In <input type="radio"/> Sign Electronically	Upload	View

Next Previous Save and Close

**Figure 12-2: Documentation window**

The documents on this window are displayed based on all the provider types and specialties specified for the provider's service locations. Depending on which forms are listed, the user may be allowed to sign the form electronically, download a copy of the form, upload a scanned image of the completed form, or mail in a completed form.

- Disclosure of Ownership and Control Interest document will always be signed electronically.
- Print off, sign, and mail in the Medicaid Provider Agreement to the address shown on the window.

Depending on the provider type(s) and specialties chosen in the application there may be additional documentation that can be signed electronically or needs to be signed and mailed to MaineCare.

**For documents signed electronically, do the following:**

1. Click the Review Before Signing button to view a PDF of the form.
2. Review the form's contents.

Do one of the following:

- If the form is acceptable, return to this window and click Sign Electronically in the row for the viewed form.
- If the form is unacceptable, return to the appropriate window to modify the data for the form.

**For documents that can be downloaded, click the Download button in the row for the form to download.**

**For documents that a scanned image can be upload, do the following:**

1. Download a copy of the form, as noted above.
2. Print the form.
3. Complete the form, according its instructions.
4. Scan the completed form.
5. Return to this window.
6. In the Method of Submission column for the form to upload, select Upload.
7. Click the Upload button for the form to upload.
8. Follow the on-window prompts.

**For documents to mail in, do the following:**

1. Download a copy of the form, as noted above.
2. Print the form.
3. Complete the form, according its instructions.
4. Indicate Enrollment Case Number at the top of the form.
5. Mail the completed forms to the address noted at the top of this window.

After completing the tasks for the documents listed on this window, do one of the following:

- To save progress and continue to the next window, click the Next button. Proceed with the instructions below.
- To return to the previous window, click the Previous button.
- To save progress and continue with the enrollment process later, click Save and Close.

## 13. Sign the Application Electronically

After having addressed all the documentation on the previous window, the final step is to sign the application electronically on the Signature and Submission window. An example of this window is shown in **Figure 13-1** below:

Signature and Submission      Enumerated As: Type 2 - Organization operating as a Group or Facility/Agency

Pay-To Provider ID: NPI -      Enrollment Case #:      Status: NEW

I certify that the information contained herein is true, correct and complete.  
If I become aware that any information in this form is not true, correct or complete,  
I agree to notify the Medicaid Provider Enrollment Unit of this fact immediately.  
I authorize the Medicaid Provider Enrollment Unit to verify the information contained herein.  
I understand that a change in the incorporation of my organization or my status as an individual or  
group biller may require a new application.

**Provider Application Electronic Signature**

Provider Name \*

Signatory Name \*

Signatory SSN or FEIN \*

Date \*

Submit    Previous    Save and Close

**Figure 13-1: Signature and Submission window**

Complete all electronic signature fields. This combination of the provider's name, the signatory's name, the signatory's SSN or Group's FEIN and today's date (in the format MM/DD/YYYY) ensures that the electronic signature is unique to the provider.

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After completing the fields on this window, click the Submit button. The online portal submits the application and displays the Summary window, as shown in **Figure 13-2** below:

**Summary** Enumerated As: Type 2 - Organization operating as a Group or Facility/Agency)

Pay-To Provider ID: NPI - Enrollment Case #: Status: SUBMITTED

**Thank you for your Medicaid Provider Enrollment application.**

You will be advised when the application has been approved. You can view the status of your application by returning to this web site at <https://mainecare.maine.gov>, using your user ID and password.

**Required Documentation**

The list of documents shown below include a checklist coversheet that you will need to print out and include in all mailings. Additionally, there are links to documents requiring your signature and documents that you have not already uploaded to us. You will need to download, print, sign and then mail all of these, along with the coversheet, to us.

* Indicates Required Documents		
Document Name	Download for Submission	Submitted/Signed Documents
* Cover Sheet	<a href="#">Download</a>	<a href="#">View</a>
* Electronic Funds Transfer (EFT) Authorization Agreement	<a href="#">Download</a>	<a href="#">View</a>
* Bank Letter or Cancelled Check	<a href="#">Download</a>	<a href="#">View</a>
* Disclosure of Ownership and Control Interest	<a href="#">Download</a>	<a href="#">View</a>
* Medicaid Provider Agreement	<a href="#">Download</a>	<a href="#">View</a>

[Return To Home Page](#) [Save and Close](#)

**Figure 13-2: Summary window**

Notice that the Status field at the top of the window now indicates that the application has been submitted.

The text on this window indicates that the user will be notified when the application has been approved. Additionally, it provides instructions for checking the status of the application.

In the Required Documentation section, the online portal displays a table that contains all the documents addressed previously on the Documentation window. Click the View button to view them. Additionally, if needed, download any documents that have an active Download button beside them.

## 14. Wrapping Up

After completing the electronic enrollment, every applicant must complete online, print, sign, and mail in a Vendor Activation/Change form along with other Enrollment documents. The Vendor Activation/Change form is found on the State Controller's website at <http://www.maine.gov/osc/accounting/vendor.shtml> or on the left menu of the Provider tab on the online portal under Provider Useful Links, select AdvantageME Forms.

Additional documentation that needs to be mailed depending on the provider types and specialties chosen in the application, may be required. Mail all these items to:

MaineCare Provider Enrollment  
P.O. Box 1024  
Augusta, Maine 04333-1024

Or Fax to: 1-877-314-8776.

Print a cover sheet to include with any documents that are being mailed. Click the Download button to download this document and print.

Follow the instructions on the cover sheet to prepare the mailing, and send the cover sheet and documents to the indicated address.